

2018- 2019 Request for Review of Dependency Status

Student's First Name

Last Name

Middle Initial

LMC ID

You have indicated that you are not able to provide parental information on the FAFSA, but do not meet the criteria to file as an independent student. Complete this form to thoroughly explain your circumstances and include the required documents. Based on the information you provide, the Financial Aid Office will make a determination whether it is appropriate to override your dependency status based on extenuating circumstances.

Check the box that applies to you AND provide the documentation required

- Your parent has been institutionalized or is in a correctional facility.**

Required:

Submit documentation from a court, social service agency, or other objective source attesting to your parent's circumstances with this form.]

- You have been separated from your parents and are living with a relative or someone who is supporting you but you do not have a legal guardian and you have not been in foster care.**

Required:

*Provide the **attached Affidavit** from the person you are living with attesting to your circumstances AND*

Provide two sources of documentation from different social service agencies, school personnel, counselors, ministers, or medical professionals who can attest to your circumstances.

- Other: Attach a letter to explain your extraordinary situation (see below)**

Required:

Provide objective third party documentation from two different sources such as social service agencies, school personnel, counselors, ministers, or medical professionals who can attest to your circumstances.

None of the conditions listed below qualify as unusual circumstances and do not constitute grounds for a dependency override request:

1. Parents refuse to contribute to the student's education
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency

CERTIFICATION & SIGNATURE: *By signing this form, you are certifying that all of the information reported on the form is complete and accurate.*

Student Signature

XXX-XX-_____
Last 4 digits of SSN#

Date



Financial Aid Office, 2755 E. Napier Avenue
Benton Harbor, MI 49022
Phone: 269-927-8112/ Fax: 269-927-8183
Email: finaid@lakemichigancollege.edu

Affidavit for Number 2 Only

To be completed by person that the student lives with and/or provides support

Student's Name: _____

LMC Student ID#: _____

The student above has indicated that he/she is unable to provide parent information due to unusual circumstances. Please complete this form and return it to the Financial Aid Office at Lake Michigan College

1. What is your relationship to the student? _____

2. How long have you known the student? _____

3. When is the last date you are aware that the student:

a) Received financial support from a parents: _____

b) Lived with a parent: _____

4. a) What is your knowledge of the student's family history and the relationship between the student and parents?

b) Why is the student unable to obtain his/her parental information for financial aid purposes?

c) From whom or from where is the student receiving support?

Your Printed Name _____ Phone # _____

Your Relationship to Student _____ Your Email _____

I hereby certify that the above information contained in these statements is true, complete, and accurate.

Signature _____

Date _____